

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H31010

1. Entity Name
REPUBLIC TITLE CO. OF BREVARD, INC.



Principal Place of Business
**625 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**

Mailing Address
**POST OFFICE BOX 2883
MELBOURNE, FL 32902**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2633110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUIDONE, ANTHONY
625 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUIDONE, ANTHONY L
STREET ADDRESS	625 E NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	RODRIGUEZ, VIVIAN S
STREET ADDRESS	625 EAST NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DTV
NAME	GUIDONE, ATHONY C
STREET ADDRESS	625 EAST NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DVPS
NAME	GUIDONE, PHYLLIS
STREET ADDRESS	625 E NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-60030-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY C. GUIDONE

01/09/06

321-676-4025

Date

Daytime Phone #